

| Instructions for completing this form are on the reverse side & TCFE Reg 200-6, Appendix C, Paragraph C-6 | | | |
|---|--|--|--|
| 1. Requested Training Date: _____ | | | |
| Type of Appointment - Check One <input type="checkbox"/> 2. Activity Environmental Coordinator (AEC) <input type="checkbox"/> 3. Hazardous Waste Coordinator (HWC) <input type="checkbox"/> 6. Primary Coordinator | | Type of Training - Check One <input type="checkbox"/> 4. Initial Training <input type="checkbox"/> 5. Annual Refresher Training <input type="checkbox"/> 7. Alternate Coordinator | |
| 8. Appointee's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST NAME FIRST NAME MI </div> | | | |
| 9. Phone Number _____ | | 10. Rank or Grade* _____ <small>*Rank or Grade requirements: AEC - WO1, GS11, or higher; HWC - E-5, GS5, or higher</small> | |
| 11. Job Title _____ | | | |
| 12a. Group, Bde, etc.: _____ | | 12b. Battalion _____ | |
| 12c. Company _____ | | | |
| 13a. Directorate: _____ | | 13b. Division _____ | |
| 14a. Office Bldg No: _____ | | 14b. Business Email (Required for AECs): _____ (AKO for Army Personnel) | |
| 14c. Appointee's Signature: _____ | | | |
| Training Prerequisites (All blocks must be completed prior to submission by the requesting Activity) | | | |
| 15. Hazard Communication IAW 29 CFR 1910.1200 | | Date Trained: _____ | |
| 16. First Responder-Awareness Level IAW 29 CFR 1910.120 | | Date Trained: _____ | |
| 17. EMS Awareness Training | | Date Trained: _____ | |
| 18. Basic Environmental Management Training: | | Score: _____ Date Trained: _____ | |
| 19. Intermediate Environmental Management Training: | | Score: _____ Date Trained: _____ | |
| I certify that the prerequisites listed above have been accomplished and that all other information on this form is complete and accurate. I designate that the place of duty for the above named individual is in the classroom specified for training. I understand that I am subject to potential civil or criminal enforcement for false certification under RCRA, UCMJ, and Virginia law. | | | |
| 20. Phone Number _____ | | 21. Signature of Commander or Director _____ | |
| 22. Date _____ | | 23. Typed or Printed Name and Grade _____ | |
| | | 24. Typed or Printed Title (Commander or Director) _____ | |
| 25. Email of Commander or Director: _____ | | | |
| Coordinators must receive training annually. This appointment is valid for one year from the date of successfully completing the training requirements. | | | |
| DO NOT WRITE IN THIS BLOCK - FOR ENRD USE ONLY | | | |
| DATE OF TRAINING _____ | | TEST SCORE(>70%) _____ | |
| Signature of ENRD Personnel _____ | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | |